



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS



**Building Integration in
Pediatric Settings**

Michelle Duprey, LMSW
Director, Integrated Health Care,
Starfish Family Services
National Council for Behavioral Health

  integration.samhsa.gov

Setting the Stage:

Today's Moderator
Katie Scott
Associate
SAMHSA-HRSA Center for Integrated Health Solutions

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**Slides for today's webinar will
be available on the CIHS
website:**

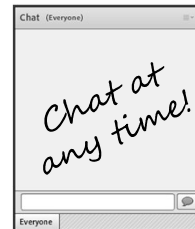
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Setting the Stage




Michelle Duprey, LMSW
Director, Integrated Health Care,
Starfish Family Services. Inkster, Michigan

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Overview of Today's Webinar

- Review of Innovation Community activities so far
- Work Plan
- Individual Coaching Calls
- Update on Listserv
- Resources needed?
- Dr. Rahil Briggs introduction and presentation
- Wrap-up Questions

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**A Decade of Integrated
Pediatric Behavioral Health:
Taking Prenatal-Adolescent
Programming to Scale**

Rahil D. Briggs, PsyD
Director, Pediatric Behavioral Health Services
Associate Professor of Pediatrics, Psychiatry &
Behavioral Sciences Monette Medical Center,
Bronx, New York

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-724-6727)

HRSA
Health Resources & Services Administration

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- Review background of Montefiore's Behavioral Health Integration Program (BHIP)
- Understand national landscape of pediatric behavioral health concerns
- Learn our model for integrated primary care behavioral health in pediatrics
- Review lessons learned and future areas of focus



Pediatric Behavioral/ Developmental Problem Landscape

- 1/7 children ages 2-8 and 1/5 children ages 9-17 exhibit symptoms
- Only 15-25% of children receive care from the specialty mental health system
- 50% of mental health diagnoses show symptoms before age 14
- Almost all children see a primary care physician
 - Universally accessed
 - Non-stigmatized



montekids.org

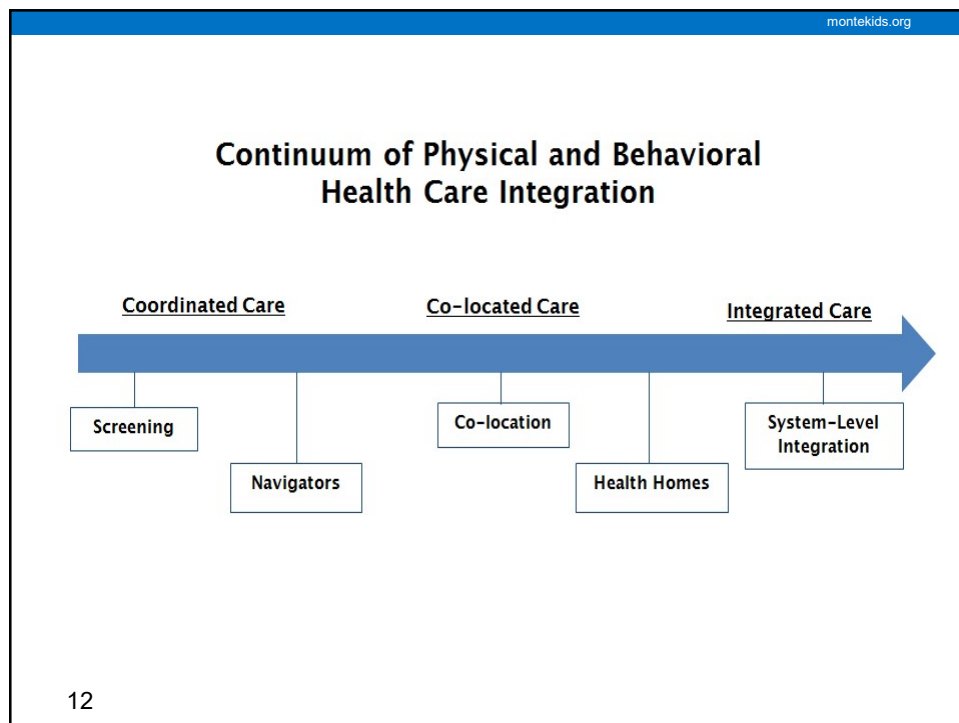
Behavioral Health Integration (in Primary Care)

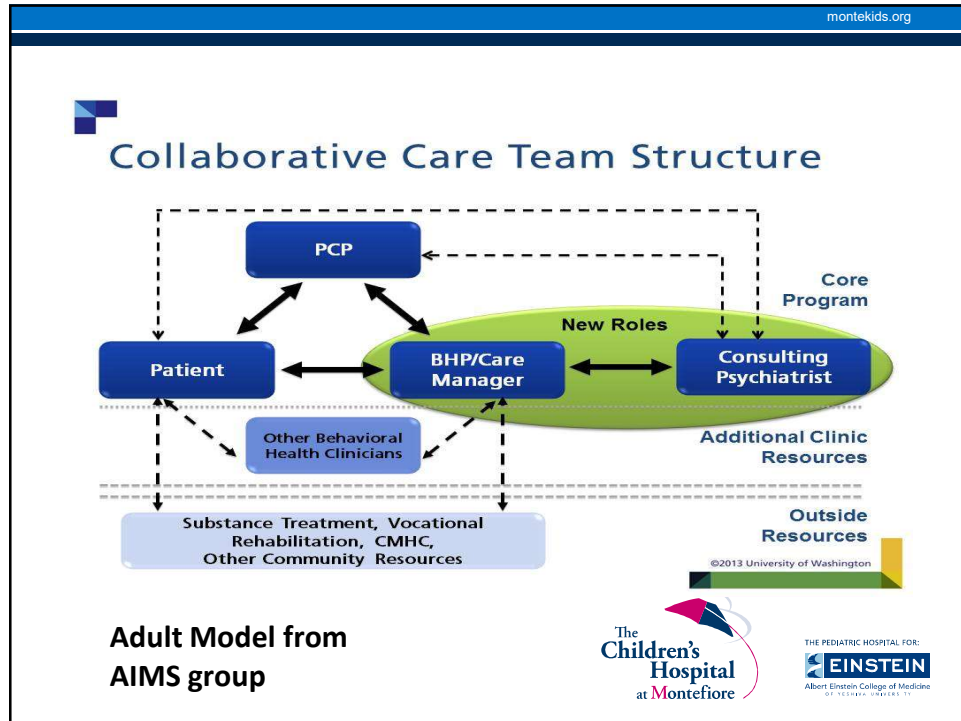
- Adult focused
- Collaborative Care Model
- How to make the case?
 - Three pronged approach:
 - Happy Kids
 - Brain Development
 - ROI

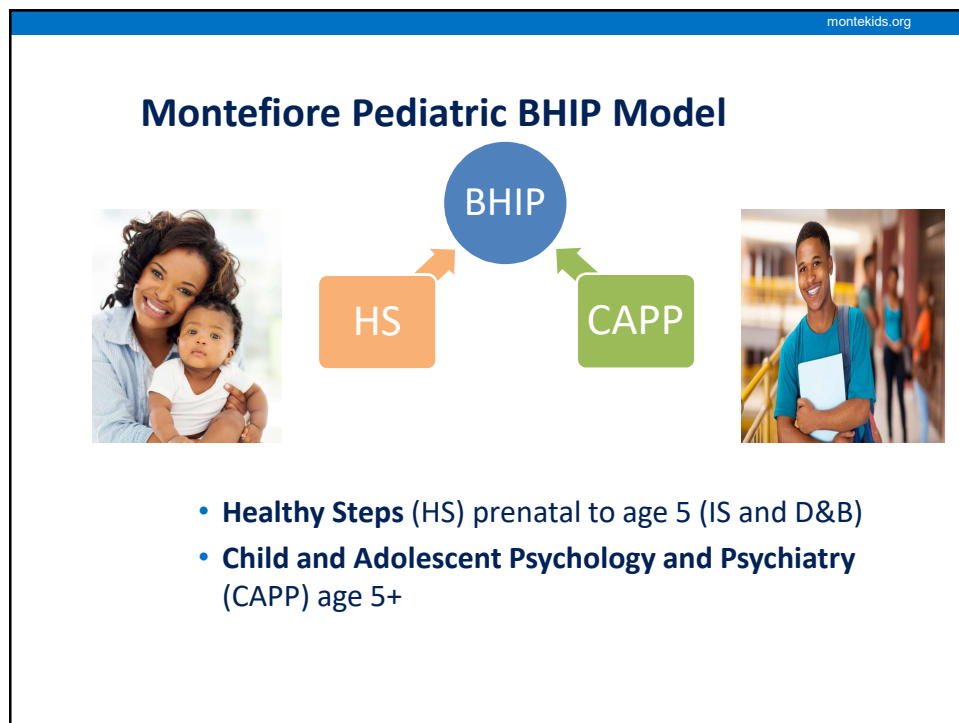
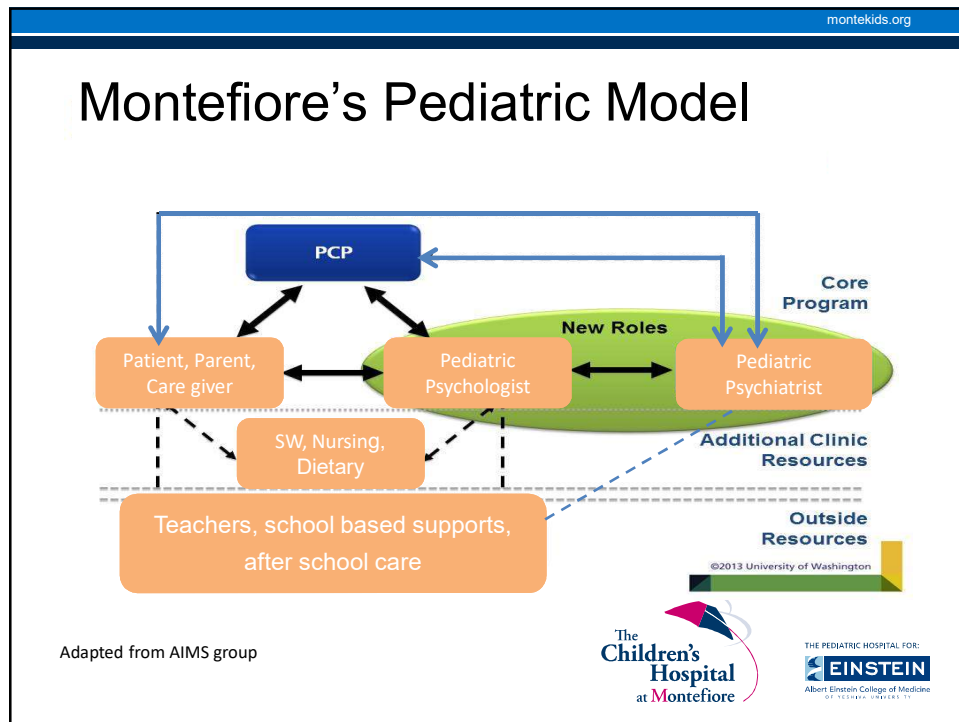
AGE

SOURCE: LEVITT (2009)

Center on the Developing Child HARVARD UNIVERSITY www.developingchild.harvard.edu



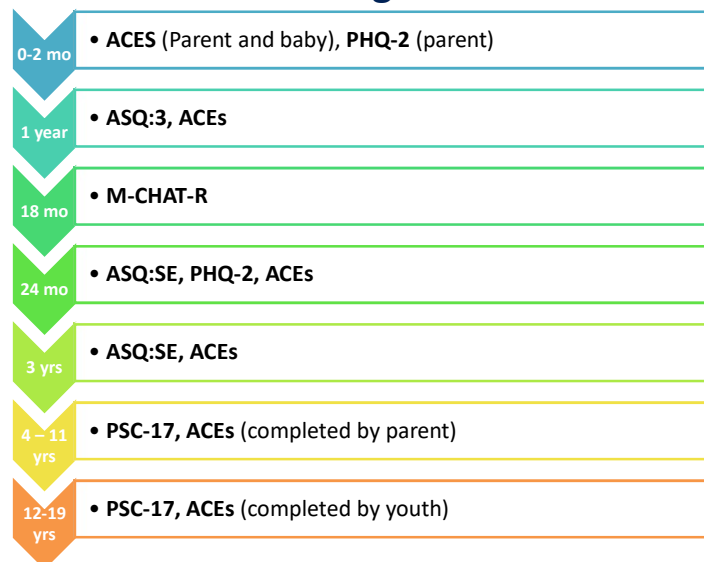


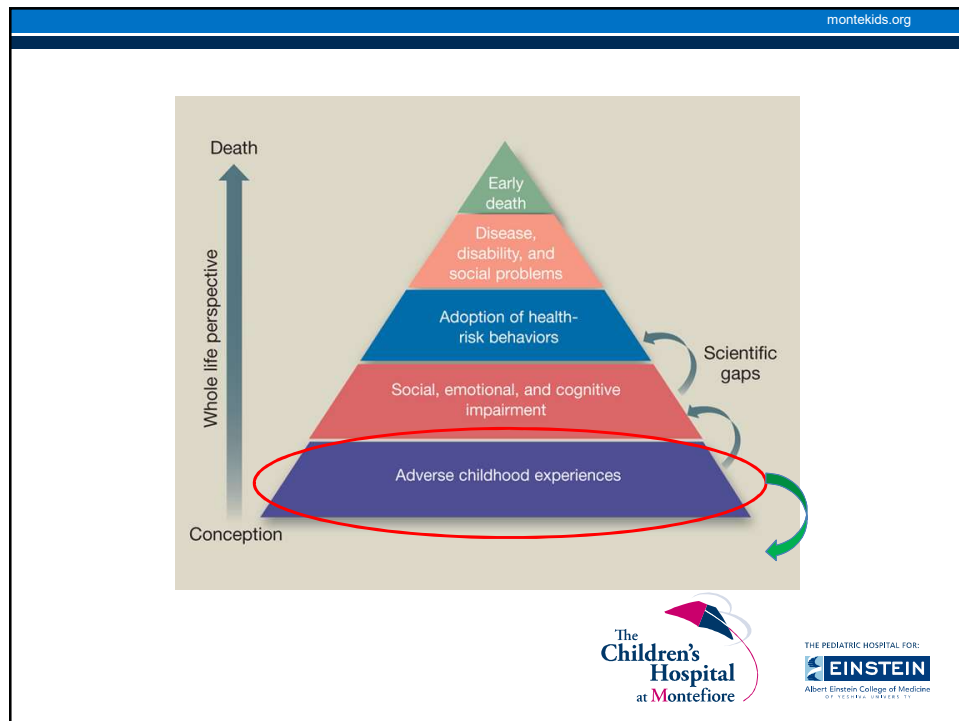
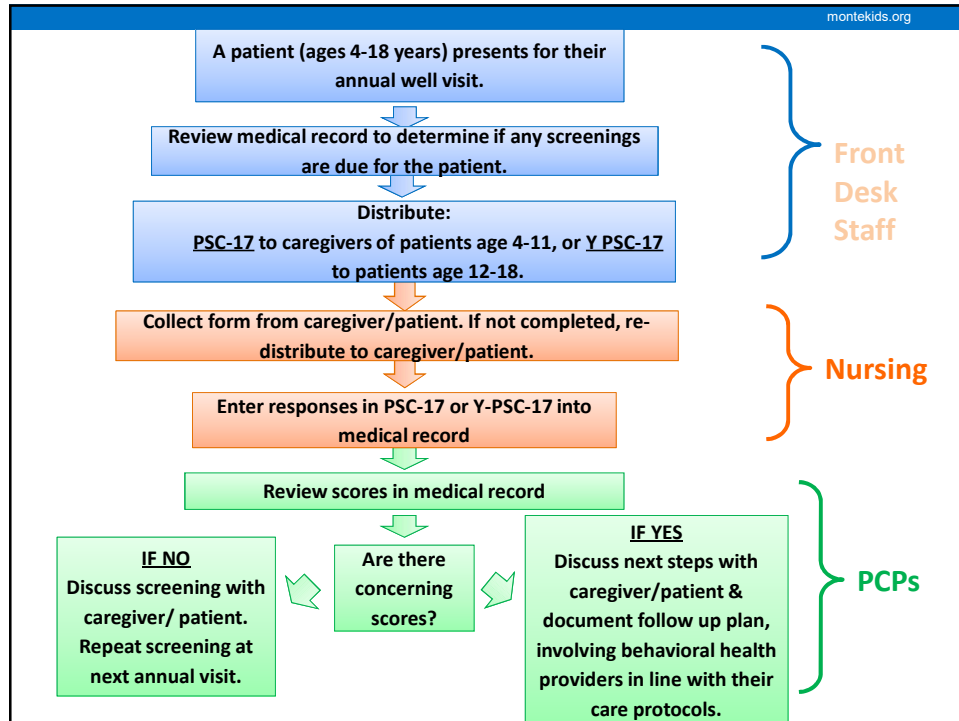


Staffing Ratio

- 1 FTE Child Psychologist / 5,000 patients in general population
- 1 FTE Child Psychiatrist / 20,000+ patients in general population

Screening Schedule





Video

- <https://www.youtube.com/watch?v=wJlhYBcAs78&sns=em>

Parallel Process: Supporting the Parent to Support the Child

4 S'S for a Secure Attachment (Dan Siegel)

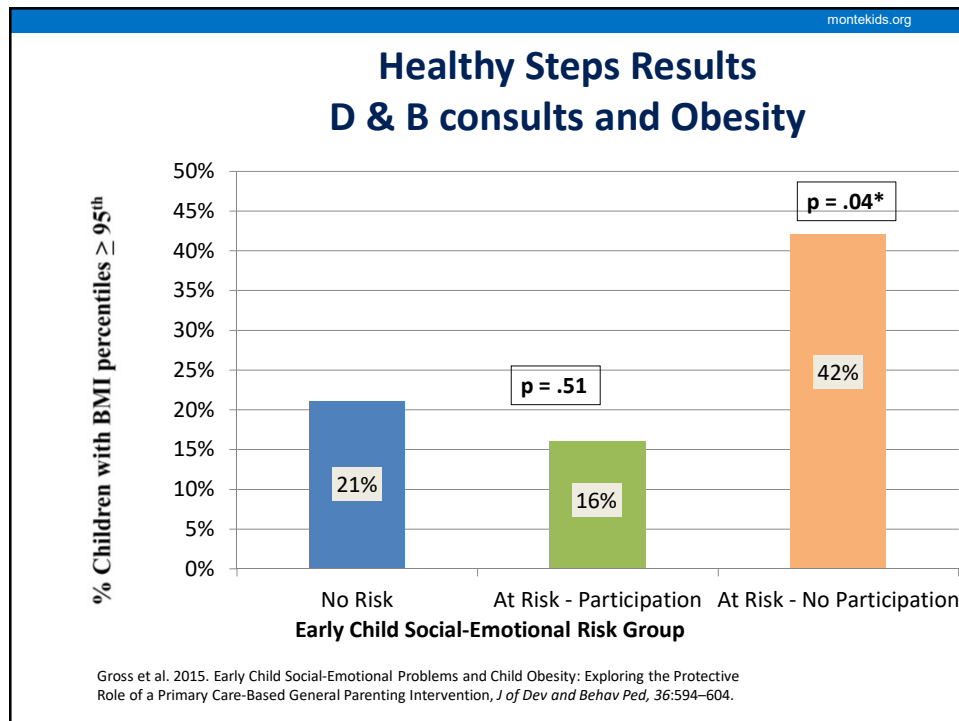
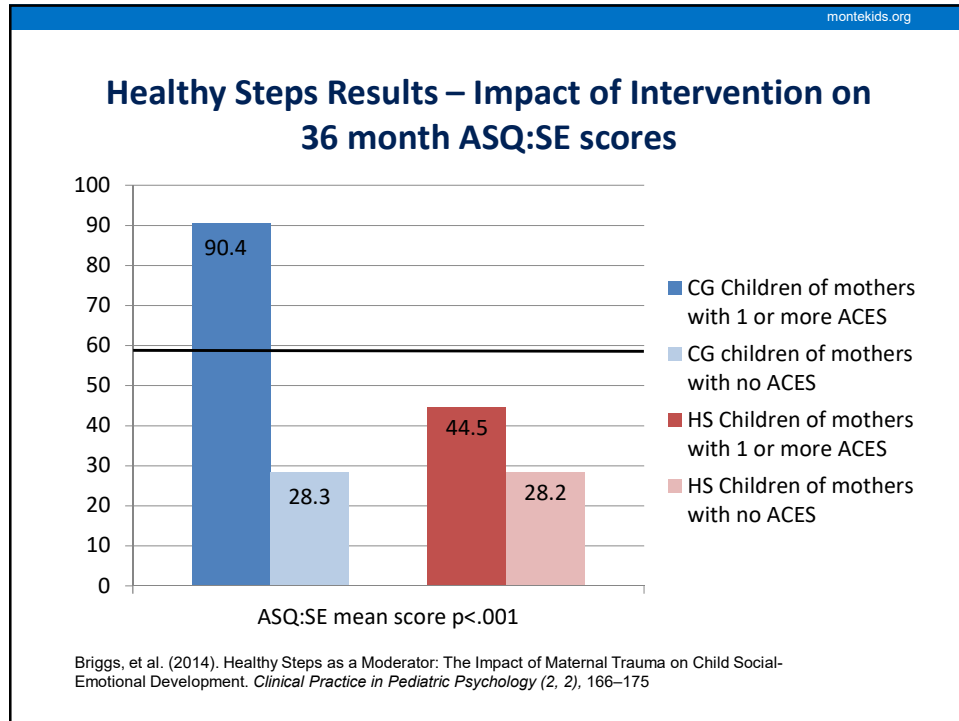
- Seen – Perceiving them deeply and empathically
- Safe – Fostering trust, avoiding actions and responses that frighten or hurt
- Soothed – Helping them deal with difficult emotions & situations
- Secure – Helping them develop an internalized sense of well-being

The 2-Month Visit

- Does your baby smile socially?
- Does your baby track visually?
- Does your baby lift her head, when placed on his/her stomach?
- Does he/she coo?
- Is your baby fussy?
- How long does the baby sleep?
- Are you breastfeeding?
- Are you feeling depressed?
- How has it been for you taking care of your baby?
- How is your baby different than when he/she was first born?
- How does your baby try to get attention? Are you worried about spoiling?
- Who does your baby remind you of?
- How are you and the baby eating?
- How have you been sleeping?

Healthy Steps at Montefiore Design

- Quasi-experimental longitudinal follow up of children enrolled in a Healthy Steps (HS) program at their primary care pediatric setting and a comparison group (CG) from a matched clinic who met enrollment criteria, but did not receive the intervention
- Objective: Determine the relationship between maternal ACES and maternal report on the ASQ:SE at 36 months



Child & Adolescent Psychology/Psychiatry (CAPP) @ Montefiore

Results from Montefiore Internal Needs Assessment

1. Medical providers reported their pediatric patients had an overwhelming need for services to address ADHD, conduct problems, and trauma.
2. The majority of medical providers and administrative directors had limited understanding of the different unique services provided by psychiatrists, psychologists and social workers. They frequently suggested they most needed a child psychiatrist to address the needs of their patients, but then described services more appropriately addressed by a child psychologist (such as conducting a differential diagnosis between ADHD and a learning disability).
3. Administrative directors voiced concerns regarding securing office space for new BHIP providers.

Results from External (national) Needs Assessment

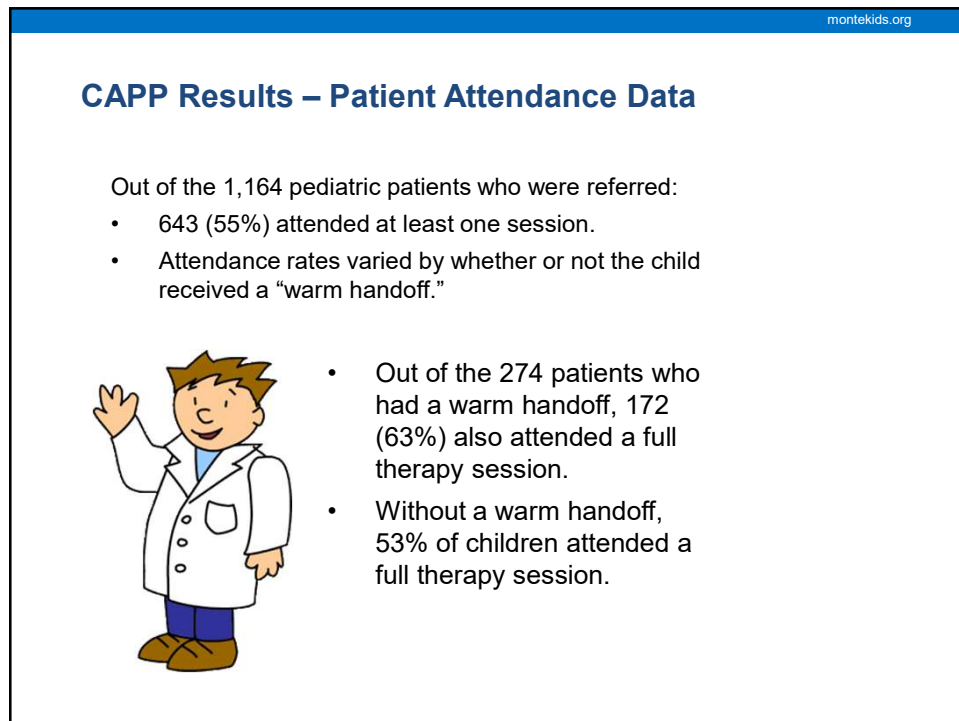
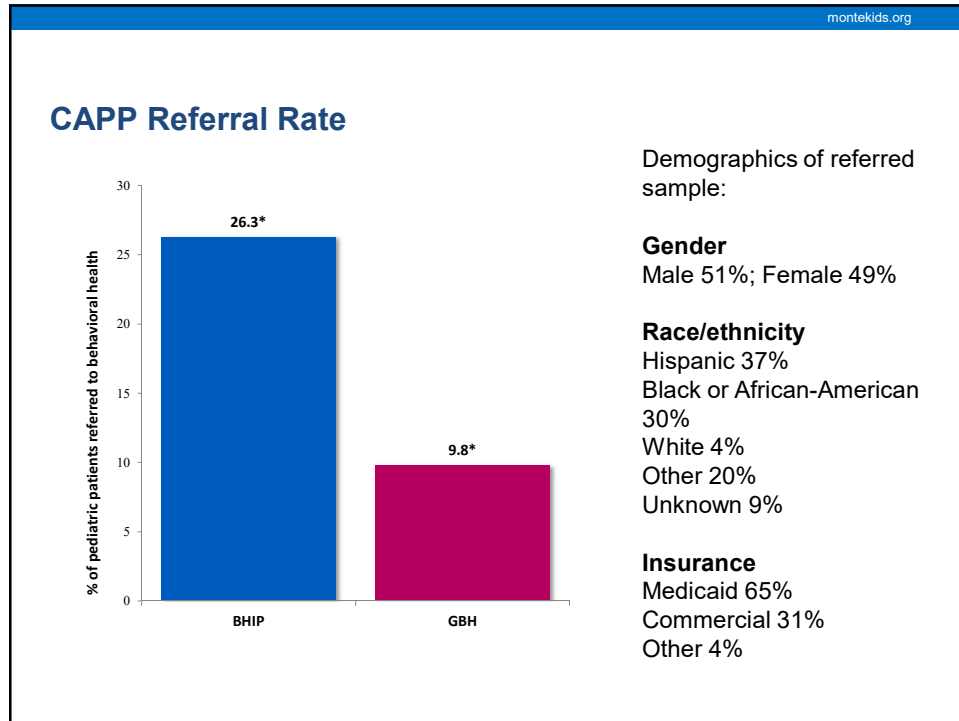
1. The majority of programs reported that their providers were more likely to ascribe to a CBT orientation versus a psychodynamic one.
2. The majority of programs treated children with severe mental illness and conducted long term treatment.
3. Most commonly reported complaints from primary care providers were that their behavioral health colleagues had long waiting lists and were not available for the full practice.
4. Feelings of isolation were common for behavioral health providers who were working as the solo behavioral health clinician in a primary care practice.

CAPP

Integrated school age/adolescent psychologists into Montefiore Medical Group practices in the Bronx, NY between 09/2014 - 02/2015. All practices used the Pediatric Symptom Checklist-17 to universally screen children and received an integrated pediatric psychologist with expertise in treating ADHD, anxiety, depression, and trauma.

Modularized treatment protocols for:

- ADHD
- Anxiety
- Conduct
- Depression
- Trauma
- Designed to be delivered in 4-6 sessions
- MI
- CBT
- DBT



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Pediatric BHIP CAPP Results of Repeated Measures ANCOVA

Measure	Pretest <i>M (SD)</i>	Posttest <i>M (SD)</i>	Wald Test (<i>df</i> =1)	<i>N</i>
Total Score	18.37 (3.22)	15.46 (6.49)	26.06*	219
Internalizing	6.37 (1.71)	4.96 (2.69)	45.53*	146
Externalizing	8.65 (1.75)	6.16 (3.55)	45.65*	111
Attention Problems	8.26 (1.03)	7.18 (2.36)	121.56*	137

Note. Controlling for gender, ethnicity, insurance, and age.

Clinical cutoffs: total score = 15; Internalizing = 5; externalizing = 7; attention problems = 7

* $p < .05$



Slide 33

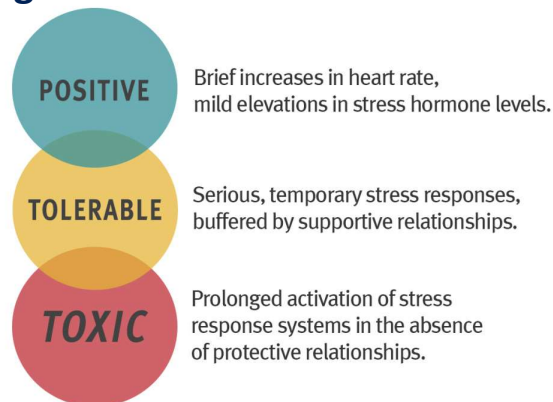
RA(10 And the key message from this slide? I assume you will discuss.
Ross, Alexander (HRSA), 2/1/2018

Teaching Trainees: Medical Students, Residents, and Fellows

- Formal Training
 - Monthly Didactic Presentations for medical students & pediatric residents
 - ACEs, attachment, brain development, toxic stress, trauma informed care
 - Shadowing
 - Strategies for working with parents to support attachment security and cognitive/language development & to help parents manage typical difficulties of early childhood (e.g., tantrums)
- Informal
 - Shared patients in clinic



Teaching Toxic Stress to Medical Providers



Teaching Trauma Informed Care



- SAMHSA's **Four R's**
- A trauma-informed organization:
 - **R**earcognizes the widespread impact of trauma and understands potential paths for recovery
 - **R**ecognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
 - **R**esponds by fully integrating knowledge about trauma into policies, procedures, and practices
 - **R**esists re-traumatization actively

Training Behavioral Health Staff



- Assess & Triage quickly
- The “Integrative Backbone”
- Flexibility
- Speaking “Doctorese”
- Evidence Based Treatment for Early Childhood Behavioral Problems
- General clinical skills:
 - Reflective Functioning, Cultural Countertransference, Motivational Interviewing
- How to train medical providers

Challenges and Opportunities

- Workforce Development
- Privacy/Documentation
- Payment
 - payment for prevention, based on understanding of intergenerational transmission of trauma
 - dyadic treatment payment

BHIP Conclusions

- IT WORKS!
- Families prefer this model
- Primary Care Providers prefer this model
- Mental Health Providers prefer this model
- Want to learn more?
 - Integrated Early Childhood Behavioral Health In Primary Care, Rahil Briggs, ed. Springer, 2016
 - www.healthysteps.org

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- Robin Hood Foundation
- Stavros Niarchos Foundation
- Tiger Foundation

